

# SENATE BILL NO. 1020

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR BROWN.

4918S.01H

ADRIANE D. CROUSE, Secretary

## AN ACT

To repeal sections 190.100, 190.101, 190.103, 190.176, 190.200, 190.241, 190.243, and 190.245, RSMo, and to enact in lieu thereof nine new sections relating to emergency health care services.

*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Sections 190.100, 190.101, 190.103, 190.176, 2 190.200, 190.241, 190.243, and 190.245, RSMo, are repealed and 3 nine new sections enacted in lieu thereof, to be known as 4 sections 190.100, 190.101, 190.103, 190.176, 190.200, 190.241, 5 190.243, 190.245, and 190.257, to read as follows:

190.100. As used in sections 190.001 to 190.245 **and** 2 **190.257**, the following words and terms mean:

3 (1) "Advanced emergency medical technician" or "AEMT", 4 a person who has successfully completed a course of 5 instruction in certain aspects of advanced life support care 6 as prescribed by the department and is licensed by the 7 department in accordance with sections 190.001 to 190.245 8 and rules and regulations adopted by the department pursuant 9 to sections 190.001 to 190.245;

10 (2) "Advanced life support (ALS)", an advanced level 11 of care as provided to the adult and pediatric patient such 12 as defined by national curricula, and any modifications to 13 that curricula specified in rules adopted by the department 14 pursuant to sections 190.001 to 190.245;

**EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

15           (3) "Ambulance", any privately or publicly owned  
16 vehicle or craft that is specially designed, constructed or  
17 modified, staffed or equipped for, and is intended or used,  
18 maintained or operated for the transportation of persons who  
19 are sick, injured, wounded or otherwise incapacitated or  
20 helpless, or who require the presence of medical equipment  
21 being used on such individuals, but the term does not  
22 include any motor vehicle specially designed, constructed or  
23 converted for the regular transportation of persons who are  
24 disabled, handicapped, normally using a wheelchair, or  
25 otherwise not acutely ill, or emergency vehicles used within  
26 airports;

27           (4) "Ambulance service", a person or entity that  
28 provides emergency or nonemergency ambulance transportation  
29 and services, or both, in compliance with sections 190.001  
30 to 190.245, and the rules promulgated by the department  
31 pursuant to sections 190.001 to 190.245;

32           (5) "Ambulance service area", a specific geographic  
33 area in which an ambulance service has been authorized to  
34 operate;

35           (6) "Basic life support (BLS)", a basic level of care,  
36 as provided to the adult and pediatric patient as defined by  
37 national curricula, and any modifications to that curricula  
38 specified in rules adopted by the department pursuant to  
39 sections 190.001 to 190.245;

40           (7) "Council", the state advisory council on emergency  
41 medical services;

42           (8) "Department", the department of health and senior  
43 services, state of Missouri;

44           (9) "Director", the director of the department of  
45 health and senior services or the director's duly authorized  
46 representative;

47           (10) "Dispatch agency", any person or organization  
48 that receives requests for emergency medical services from  
49 the public, by telephone or other means, and is responsible  
50 for dispatching emergency medical services;

51           (11) "Emergency", the sudden and, at the time,  
52 unexpected onset of a health condition that manifests itself  
53 by symptoms of sufficient severity that would lead a prudent  
54 layperson, possessing an average knowledge of health and  
55 medicine, to believe that the absence of immediate medical  
56 care could result in:

57           (a) Placing the person's health, or with respect to a  
58 pregnant woman, the health of the woman or her unborn child,  
59 in significant jeopardy;

60           (b) Serious impairment to a bodily function;

61           (c) Serious dysfunction of any bodily organ or part;

62           (d) Inadequately controlled pain;

63           (12) "Emergency medical dispatcher", a person who  
64 receives emergency calls from the public and has  
65 successfully completed an emergency medical dispatcher  
66 course, meeting or exceeding the national curriculum of the  
67 United States Department of Transportation and any  
68 modifications to such curricula specified by the department  
69 through rules adopted pursuant to sections 190.001 to  
70 190.245;

71           (13) "Emergency medical responder", a person who has  
72 successfully completed an emergency first response course  
73 meeting or exceeding the national curriculum of the U.S.  
74 Department of Transportation and any modifications to such  
75 curricula specified by the department through rules adopted  
76 under sections 190.001 to 190.245 and who provides emergency  
77 medical care through employment by or in association with an  
78 emergency medical response agency;

79           (14) "Emergency medical response agency", any person  
80 that regularly provides a level of care that includes first  
81 response, basic life support or advanced life support,  
82 exclusive of patient transportation;

83           (15) "Emergency medical services for children (EMS-C)  
84 system", the arrangement of personnel, facilities and  
85 equipment for effective and coordinated delivery of  
86 pediatric emergency medical services required in prevention  
87 and management of incidents which occur as a result of a  
88 medical emergency or of an injury event, natural disaster or  
89 similar situation;

90           (16) "Emergency medical services (EMS) system", the  
91 arrangement of personnel, facilities and equipment for the  
92 effective and coordinated delivery of emergency medical  
93 services required in prevention and management of incidents  
94 occurring as a result of an illness, injury, natural  
95 disaster or similar situation;

96           (17) "Emergency medical technician", a person licensed  
97 in emergency medical care in accordance with standards  
98 prescribed by sections 190.001 to 190.245, and by rules  
99 adopted by the department pursuant to sections 190.001 to  
100 190.245;

101           (18) "Emergency medical technician-basic" or "EMT-B",  
102 a person who has successfully completed a course of  
103 instruction in basic life support as prescribed by the  
104 department and is licensed by the department in accordance  
105 with standards prescribed by sections 190.001 to 190.245 and  
106 rules adopted by the department pursuant to sections 190.001  
107 to 190.245;

108           (19) "Emergency medical technician-community  
109 paramedic", "community paramedic", or "EMT-CP", a person who  
110 is certified as an emergency medical technician-paramedic

111 and is certified by the department in accordance with  
112 standards prescribed in section 190.098;

113 (20) "Emergency medical technician-paramedic" or "EMT-  
114 P", a person who has successfully completed a course of  
115 instruction in advanced life support care as prescribed by  
116 the department and is licensed by the department in  
117 accordance with sections 190.001 to 190.245 and rules  
118 adopted by the department pursuant to sections 190.001 to  
119 190.245;

120 (21) "Emergency services", health care items and  
121 services furnished or required to screen and stabilize an  
122 emergency which may include, but shall not be limited to,  
123 health care services that are provided in a licensed  
124 hospital's emergency facility by an appropriate provider or  
125 by an ambulance service or emergency medical response agency;

126 (22) "Health care facility", a hospital, nursing home,  
127 physician's office or other fixed location at which medical  
128 and health care services are performed;

129 (23) "Hospital", an establishment as defined in the  
130 hospital licensing law, subsection 2 of section 197.020, or  
131 a hospital operated by the state;

132 (24) "Medical control", supervision provided by or  
133 under the direction of physicians, or their designated  
134 registered nurse, including both online medical control,  
135 instructions by radio, telephone, or other means of direct  
136 communications, and offline medical control through  
137 supervision by treatment protocols, case review, training,  
138 and standing orders for treatment;

139 (25) "Medical direction", medical guidance and  
140 supervision provided by a physician to an emergency services  
141 provider or emergency medical services system;

142           (26) "Medical director", a physician licensed pursuant  
143 to chapter 334 designated by the ambulance service or  
144 emergency medical response agency and who meets criteria  
145 specified by the department by rules pursuant to sections  
146 190.001 to 190.245;

147           (27) "Memorandum of understanding", an agreement  
148 between an emergency medical response agency or dispatch  
149 agency and an ambulance service or services within whose  
150 territory the agency operates, in order to coordinate  
151 emergency medical services;

152           (28) "Patient", an individual who is sick, injured,  
153 wounded, diseased, or otherwise incapacitated or helpless,  
154 or dead, excluding deceased individuals being transported  
155 from or between private or public institutions, homes or  
156 cemeteries, and individuals declared dead prior to the time  
157 an ambulance is called for assistance;

158           (29) "Person", as used in these definitions and  
159 elsewhere in sections 190.001 to 190.245, any individual,  
160 firm, partnership, copartnership, joint venture,  
161 association, cooperative organization, corporation,  
162 municipal or private, and whether organized for profit or  
163 not, state, county, political subdivision, state department,  
164 commission, board, bureau or fraternal organization, estate,  
165 public trust, business or common law trust, receiver,  
166 assignee for the benefit of creditors, trustee or trustee in  
167 bankruptcy, or any other service user or provider;

168           (30) "Physician", a person licensed as a physician  
169 pursuant to chapter 334;

170           (31) "Political subdivision", any municipality, city,  
171 county, city not within a county, ambulance district or fire  
172 protection district located in this state which provides or  
173 has authority to provide ambulance service;

174 (32) "Professional organization", any organized group  
175 or association with an ongoing interest regarding emergency  
176 medical services. Such groups and associations could  
177 include those representing volunteers, labor, management,  
178 firefighters, EMT-B's, nurses, EMT-P's, physicians,  
179 communications specialists and instructors. Organizations  
180 could also represent the interests of ground ambulance  
181 services, air ambulance services, fire service  
182 organizations, law enforcement, hospitals, trauma centers,  
183 communication centers, pediatric services, labor unions and  
184 poison control services;

185 (33) "Proof of financial responsibility", proof of  
186 ability to respond to damages for liability, on account of  
187 accidents occurring subsequent to the effective date of such  
188 proof, arising out of the ownership, maintenance or use of a  
189 motor vehicle in the financial amount set in rules  
190 promulgated by the department, but in no event less than the  
191 statutory minimum required for motor vehicles. Proof of  
192 financial responsibility shall be used as proof of self-  
193 insurance;

194 (34) "Protocol", a predetermined, written medical care  
195 guideline, which may include standing orders;

196 (35) "Regional EMS advisory committee", a committee  
197 formed within an emergency medical services (EMS) region to  
198 advise ambulance services, the state advisory council on EMS  
199 and the department;

200 (36) "Specialty care transportation", the  
201 transportation of a patient requiring the services of an  
202 emergency medical technician-paramedic who has received  
203 additional training beyond the training prescribed by the  
204 department. Specialty care transportation services shall be  
205 defined in writing in the appropriate local protocols for

206 ground and air ambulance services and approved by the local  
207 physician medical director. The protocols shall be  
208 maintained by the local ambulance service and shall define  
209 the additional training required of the emergency medical  
210 technician-paramedic;

211 (37) "Stabilize", with respect to an emergency, the  
212 provision of such medical treatment as may be necessary to  
213 attempt to assure within reasonable medical probability that  
214 no material deterioration of an individual's medical  
215 condition is likely to result from or occur during ambulance  
216 transportation unless the likely benefits of such  
217 transportation outweigh the risks;

218 (38) "State advisory council on emergency medical  
219 services", a committee formed to advise the department on  
220 policy affecting emergency medical service throughout the  
221 state;

222 (39) "State EMS medical directors advisory committee",  
223 a subcommittee of the state advisory council on emergency  
224 medical services formed to advise the state advisory council  
225 on emergency medical services and the department on medical  
226 issues;

227 (40) "STEMI" or "ST-elevation myocardial infarction",  
228 a type of heart attack in which impaired blood flow to the  
229 patient's heart muscle is evidenced by ST-segment elevation  
230 in electrocardiogram analysis, and as further defined in  
231 rules promulgated by the department under sections 190.001  
232 to 190.250;

233 (41) "STEMI care", includes education and prevention,  
234 emergency transport, triage, and acute care and  
235 rehabilitative services for STEMI that requires immediate  
236 medical or surgical intervention or treatment;



237 (42) "STEMI center", a hospital that is currently  
238 designated as such by the department to care for patients  
239 with ST-segment elevation myocardial infarctions;

240 (43) "Stroke", a condition of impaired blood flow to a  
241 patient's brain as defined by the department;

242 (44) "Stroke care", includes emergency transport,  
243 triage, and acute intervention and other acute care services  
244 for stroke that potentially require immediate medical or  
245 surgical intervention or treatment, and may include  
246 education, primary prevention, acute intervention, acute and  
247 subacute management, prevention of complications, secondary  
248 stroke prevention, and rehabilitative services;

249 (45) "Stroke center", a hospital that is currently  
250 designated as such by the department;

251 (46) **"Time-critical diagnosis", trauma care, stroke**  
252 **care, and STEMI care occurring either outside of a hospital**  
253 **or in a center designated under section 190.241;**

254 (47) **"Time-critical diagnosis advisory committee", a**  
255 **committee formed under section 190.257 to advise the**  
256 **department on policies impacting trauma, stroke, and STEMI**  
257 **center designations; regulations on trauma care, stroke**  
258 **care, and STEMI care; and the transport of trauma, stroke,**  
259 **and STEMI patients;**

260 (48) "Trauma", an injury to human tissues and organs  
261 resulting from the transfer of energy from the environment;

262 [(47)] (49) "Trauma care" includes injury prevention,  
263 triage, acute care and rehabilitative services for major  
264 single system or multisystem injuries that potentially  
265 require immediate medical or surgical intervention or  
266 treatment;

267 [(48)] (50) "Trauma center", a hospital that is  
268 currently designated as such by the department.

190.101. 1. There is hereby established a "State  
2 Advisory Council on Emergency Medical Services" which shall  
3 consist of sixteen members, one of which shall be a resident  
4 of a city not within a county. The members of the council  
5 shall be appointed by the governor with the advice and  
6 consent of the senate and shall serve terms of four years.  
7 The governor shall designate one of the members as  
8 chairperson. The chairperson may appoint subcommittees that  
9 include noncouncil members.

10 2. The state EMS medical directors advisory committee  
11 and the regional EMS advisory committees will be recognized  
12 as subcommittees of the state advisory council on emergency  
13 medical services.

14 3. The council shall have geographical representation  
15 and representation from appropriate areas of expertise in  
16 emergency medical services including volunteers,  
17 professional organizations involved in emergency medical  
18 services, EMT's, paramedics, nurses, firefighters,  
19 physicians, ambulance service administrators, hospital  
20 administrators and other health care providers concerned  
21 with emergency medical services. The regional EMS advisory  
22 committees shall serve as a resource for the identification  
23 of potential members of the state advisory council on  
24 emergency medical services.

25 4. **The state EMS medical director, as described under**  
26 **section 190.103, shall serve as an ex officio member of the**  
27 **council.**

28 5. The members of the council and subcommittees shall  
29 serve without compensation except that members of the  
30 council shall, subject to appropriations, be reimbursed for  
31 reasonable travel expenses and meeting expenses related to  
32 the functions of the council.

33 [5.] 6. The purpose of the council is to make  
34 recommendations to the governor, the general assembly, and  
35 the department on policies, plans, procedures and proposed  
36 regulations on how to improve the statewide emergency  
37 medical services system. The council shall advise the  
38 governor, the general assembly, and the department on all  
39 aspects of the emergency medical services system.

40 [6.] 7. (1) There is hereby established a standing  
41 subcommittee of the council to monitor the implementation of  
42 the recognition of the EMS personnel licensure interstate  
43 compact under sections 190.900 to 190.939, the interstate  
44 commission for EMS personnel practice, and the involvement  
45 of the state of Missouri. The subcommittee shall meet at  
46 least biannually and receive reports from the Missouri  
47 delegate to the interstate commission for EMS personnel  
48 practice. The subcommittee shall consist of at least seven  
49 members appointed by the chair of the council, to include at  
50 least two members as recommended by the Missouri state  
51 council of firefighters and one member as recommended by the  
52 Missouri Association of Fire Chiefs. The subcommittee may  
53 submit reports and recommendations to the council, the  
54 department of health and senior services, the general  
55 assembly, and the governor regarding the participation of  
56 Missouri with the recognition of the EMS personnel licensure  
57 interstate compact.

58 (2) The subcommittee shall formally request a public  
59 hearing for any rule proposed by the interstate commission  
60 for EMS personnel practice in accordance with subsection 7  
61 of section 190.930. The hearing request shall include the  
62 request that the hearing be presented live through the  
63 internet. The Missouri delegate to the interstate  
64 commission for EMS personnel practice shall be responsible

65 for ensuring that all hearings, notices of, and related  
66 rulemaking communications as required by the compact be  
67 communicated to the council and emergency medical services  
68 personnel under the provisions of subsections 4, 5, 6, and 8  
69 of section 190.930.

70 (3) The department of health and senior services shall  
71 not establish or increase fees for Missouri emergency  
72 medical services personnel licensure in accordance with this  
73 chapter for the purpose of creating the funds necessary for  
74 payment of an annual assessment under subdivision (3) of  
75 subsection 5 of section 190.924.

76 **8. The council shall consult with the time-critical**  
77 **diagnosis advisory committee, as described under section**  
78 **190.257, regarding time-critical diagnosis.**

190.103. 1. One physician with expertise in emergency  
2 medical services from each of the EMS regions shall be  
3 elected by that region's EMS medical directors to serve as a  
4 regional EMS medical director. The regional EMS medical  
5 directors shall constitute the state EMS medical director's  
6 advisory committee and shall advise the department and their  
7 region's ambulance services on matters relating to medical  
8 control and medical direction in accordance with sections  
9 190.001 to 190.245 and rules adopted by the department  
10 pursuant to sections 190.001 to 190.245. The regional EMS  
11 medical director shall serve a term of four years. The  
12 southwest, northwest, and Kansas City regional EMS medical  
13 directors shall be elected to an initial two-year term. The  
14 central, east central, and southeast regional EMS medical  
15 directors shall be elected to an initial four-year term.  
16 All subsequent terms following the initial terms shall be  
17 four years. The state EMS medical director shall be the  
18 chair of the state EMS medical director's advisory

19 committee, and shall be elected by the members of the  
20 regional EMS medical director's advisory committee, shall  
21 serve a term of four years, and shall seek to coordinate EMS  
22 services between the EMS regions, promote educational  
23 efforts for agency medical directors, represent Missouri EMS  
24 nationally in the role of the state EMS medical director,  
25 and seek to incorporate the EMS system into the health care  
26 system serving Missouri.

27         2. A medical director is required for all ambulance  
28 services and emergency medical response agencies that  
29 provide: advanced life support services; basic life support  
30 services utilizing medications or providing assistance with  
31 patients' medications; or basic life support services  
32 performing invasive procedures including invasive airway  
33 procedures. The medical director shall provide medical  
34 direction to these services and agencies in these instances.

35         3. The medical director, in cooperation with the  
36 ambulance service or emergency medical response agency  
37 administrator, shall have the responsibility and the  
38 authority to ensure that the personnel working under their  
39 supervision are able to provide care meeting established  
40 standards of care with consideration for state and national  
41 standards as well as local area needs and resources. The  
42 medical director, in cooperation with the ambulance service  
43 or emergency medical response agency administrator, shall  
44 establish and develop triage, treatment and transport  
45 protocols, which may include authorization for standing  
46 orders. Emergency medical technicians shall only perform  
47 those medical procedures as directed by treatment protocols  
48 approved by the local medical director or when authorized  
49 through direct communication with online medical control.

50           4. All ambulance services and emergency medical  
51 response agencies that are required to have a medical  
52 director shall establish an agreement between the service or  
53 agency and their medical director. The agreement will  
54 include the roles, responsibilities and authority of the  
55 medical director beyond what is granted in accordance with  
56 sections 190.001 to 190.245 and rules adopted by the  
57 department pursuant to sections 190.001 to 190.245. The  
58 agreement shall also include grievance procedures regarding  
59 the emergency medical response agency or ambulance service,  
60 personnel and the medical director.

61           5. Regional EMS medical directors and the state EMS  
62 medical director elected as provided under subsection 1 of  
63 this section shall be considered public officials for  
64 purposes of sovereign immunity, official immunity, and the  
65 Missouri public duty doctrine defenses.

66           6. The state EMS medical director's advisory committee  
67 shall be considered a peer review committee under section  
68 537.035.

69           7. Regional EMS medical directors may act to provide  
70 online telecommunication medical direction to AEMTs, EMT-Bs,  
71 EMT-Ps, and community paramedics and provide offline medical  
72 direction per standardized treatment, triage, and transport  
73 protocols when EMS personnel, including AEMTs, EMT-Bs, EMT-  
74 Ps, and community paramedics, are providing care to special  
75 needs patients or at the request of a local EMS agency or  
76 medical director.

77           8. When developing treatment protocols for special  
78 needs patients, regional EMS medical directors may  
79 promulgate such protocols on a regional basis across  
80 multiple political subdivisions' jurisdictional boundaries,  
81 and such protocols may be used by multiple agencies

82 including, but not limited to, ambulance services, emergency  
83 response agencies, and public health departments. Treatment  
84 protocols shall include steps to ensure the receiving  
85 hospital is informed of the pending arrival of the special  
86 needs patient, the condition of the patient, and the  
87 treatment instituted.

88 9. Multiple EMS agencies including, but not limited  
89 to, ambulance services, emergency response agencies, and  
90 public health departments shall take necessary steps to  
91 follow the regional EMS protocols established as provided  
92 under subsection 8 of this section in cases of mass casualty  
93 or state-declared disaster incidents.

94 10. When regional EMS medical directors develop and  
95 implement treatment protocols for patients or provide online  
96 medical direction for patients, such activity shall not be  
97 construed as having usurped local medical direction  
98 authority in any manner.

99 11. **The state EMS medical directors advisory committee**  
100 **shall review and make recommendations regarding all proposed**  
101 **community and regional time-critical diagnosis plans.**

102 12. Notwithstanding any other provision of law to the  
103 contrary, when regional EMS medical directors are providing  
104 either online telecommunication medical direction to AEMTs,  
105 EMT-Bs, EMT-Ps, and community paramedics, or offline medical  
106 direction per standardized EMS treatment, triage, and  
107 transport protocols for patients, those medical directions  
108 or treatment protocols may include the administration of the  
109 patient's own prescription medications.

190.176. 1. The department shall develop and  
2 administer a uniform data collection system on all ambulance  
3 runs and injured patients, pursuant to rules promulgated by  
4 the department for the purpose of injury etiology, patient

5 care outcome, injury and disease prevention and research  
6 purposes. The department shall not require disclosure by  
7 hospitals of data elements pursuant to this section unless  
8 those data elements are required by a federal agency or were  
9 submitted to the department as of January 1, 1998, pursuant  
10 to:

- 11 (1) Departmental regulation of trauma centers; or
- 12 (2) [The Missouri brain and spinal cord injury  
13 registry established by sections 192.735 to 192.745; or  
14 (3)] Abstracts of inpatient hospital data; or  
15 [(4)] (3) If such data elements are requested by a  
16 lawful subpoena or subpoena duces tecum.

17 2. All information and documents in any civil action,  
18 otherwise discoverable, may be obtained from any person or  
19 entity providing information pursuant to the provisions of  
20 sections 190.001 to 190.245.

190.200. 1. The department of health and senior  
2 services in cooperation with **hospitals and** local and  
3 regional EMS systems and agencies may provide public and  
4 professional information and education programs related to  
5 emergency medical services systems including trauma, STEMI,  
6 and stroke systems and emergency medical care and  
7 treatment. The department of health and senior services may  
8 also provide public information and education programs for  
9 informing residents of and visitors to the state of the  
10 availability and proper use of emergency medical services,  
11 **of the designation a hospital may receive as a trauma**  
12 **center, stroke center, or STEMI center,** of the value and  
13 nature of programs to involve citizens in the administering  
14 of prehospital emergency care, including cardiopulmonary  
15 resuscitation, and of the availability of training programs  
16 in emergency care for members of the general public.



17           2. The department shall, for **trauma care**, STEMI care,  
18 and stroke care respectively:

19           (1) Compile [and], assess, **and make publicly available**  
20 peer-reviewed and evidence-based clinical research and  
21 guidelines that provide or support recommended treatment  
22 standards **and that have been recommended by the time-**  
23 **critical diagnosis advisory committee;**

24           (2) Assess the capacity of the emergency medical  
25 services system and hospitals to deliver recommended  
26 treatments in a timely fashion;

27           (3) Use the research, guidelines, and assessment to  
28 promulgate rules establishing protocols for transporting  
29 **trauma patients to a trauma center**, STEMI patients to a  
30 STEMI center, or stroke patients to a stroke center. Such  
31 transport protocols shall direct patients to **trauma centers**,  
32 STEMI centers, and stroke centers under section 190.243  
33 based on the centers' capacities to deliver recommended  
34 acute care treatments within time limits suggested by  
35 clinical research;

36           (4) Define regions within the state for purposes of  
37 coordinating the delivery of **trauma centers**, STEMI care, and  
38 stroke care, respectively;

39           (5) Promote the development of regional or community-  
40 based plans for transporting STEMI or stroke patients via  
41 ground or air ambulance to STEMI centers or stroke centers,  
42 respectively, in accordance with section 190.243; and

43           (6) Establish procedures for the submission of  
44 community-based or regional plans for department approval.

45           3. A community-based or regional plan **for the**  
46 **transport of trauma, STEMI, and stroke patients** shall be  
47 submitted to the department for approval. Such plan shall  
48 be based on the clinical research and guidelines and

49 assessment of capacity described in subsection [1] 2 of this  
50 section and shall include a mechanism for evaluating its  
51 effect on medical outcomes. Upon approval of a plan, the  
52 department shall waive the requirements of rules promulgated  
53 under sections 190.100 to 190.245 that are inconsistent with  
54 the community-based or regional plan. A community-based or  
55 regional plan shall be developed by [or in consultation  
56 with] the representatives of hospitals, physicians, and  
57 emergency medical services providers in the community or  
58 region.

190.241. 1. **Except as provided for in subsection 4 of  
2 this section,** the department shall designate a hospital as  
3 an adult, pediatric or adult and pediatric trauma center  
4 when a hospital, upon proper application submitted by the  
5 hospital and site review, has been found by the department  
6 to meet the applicable level of trauma center criteria for  
7 designation in accordance with rules adopted by the  
8 department as prescribed by section 190.185. **Site review  
9 may occur onsite or by any reasonable means of  
10 communication, or by any combination thereof.** Such rules  
11 shall include designation as a trauma center without site  
12 review if such hospital is verified by a national verifying  
13 or designating body at the level which corresponds to a  
14 level approved in rule. **In developing trauma center  
15 designation criteria, the department shall use, as it deems  
16 practicable, peer-reviewed and evidence-based clinical  
17 research and guidelines, including, but not limited to, the  
18 most recent guidelines of the American College of Surgeons.**

19 2. Except as provided for in subsection [5] 4 of this  
20 section, the department shall designate a hospital as a  
21 STEMI or stroke center when such hospital, upon proper  
22 application and site review, has been found by the

23 department to meet the applicable level of STEMI or stroke  
24 center criteria for designation in accordance with rules  
25 adopted by the department as prescribed by section 190.185.  
26 **Site review may occur onsite or by any reasonable means of**  
27 **communication, or by any combination thereof.** In developing  
28 STEMI center and stroke center designation criteria, the  
29 department shall use, as it deems practicable, [appropriate]  
30 peer-reviewed [or] **and** evidence-based **clinical** research [on  
31 such topics] **and guidelines**, including, but not limited to,  
32 the most recent guidelines of the American College of  
33 Cardiology [and], **the** American Heart Association [for STEMI  
34 centers, or the Joint Commission's Primary Stroke Center  
35 Certification program criteria for stroke centers, or  
36 Primary and Comprehensive Stroke Center Recommendations as  
37 published by], **or** the American Stroke Association. Such  
38 rules shall include designation as a STEMI center **or stroke**  
39 **center** without site review if such hospital is certified by  
40 a national body.

41 3. The department of health and senior services shall,  
42 not less than once every [five] **three** years, conduct [an on-  
43 site] **a site** review of every trauma, STEMI, and stroke  
44 center through appropriate department personnel or a  
45 qualified contractor, with the exception of **trauma centers,**  
46 **STEMI centers, and** stroke centers designated pursuant to  
47 subsection [5] **4** of this section; however, this provision is  
48 not intended to limit the department's ability to conduct a  
49 complaint investigation pursuant to subdivision (3) of  
50 subsection 2 of section 197.080 of any trauma, STEMI, or  
51 stroke center. [On-site] **Site** reviews shall be coordinated  
52 for the different types of centers to the extent practicable  
53 with hospital licensure inspections conducted under chapter  
54 197. No person shall be a qualified contractor for purposes

55 of this subsection who has a substantial conflict of  
56 interest in the operation of any trauma, STEMI, or stroke  
57 center under review. The department may deny, place on  
58 probation, suspend or revoke such designation in any case in  
59 which it has [reasonable cause to believe that] **determined**  
60 there has been a substantial failure to comply with the  
61 provisions of this chapter or any rules or regulations  
62 promulgated pursuant to this chapter. **Centers that are**  
63 **placed on probationary status shall be required to**  
64 **demonstrate compliance with the provisions of this chapter**  
65 **and any rules or regulations promulgated under this chapter**  
66 **within twelve months of the date of the receipt of the**  
67 **notice of probationary status, unless otherwise provided by**  
68 **a settlement agreement with a duration of a maximum of**  
69 **eighteen months between the department and the designated**  
70 **center.** If the department of health and senior services has  
71 [reasonable cause to believe] **determined** that a hospital is  
72 not in compliance with such provisions or regulations, it  
73 may conduct additional announced or unannounced site reviews  
74 of the hospital to verify compliance. If a trauma, STEMI,  
75 or stroke center fails two consecutive [on-site] **site**  
76 reviews because of substantial noncompliance with standards  
77 prescribed by sections 190.001 to 190.245 or rules adopted  
78 by the department pursuant to sections 190.001 to 190.245,  
79 its center designation shall be revoked.

80 4. (1) Instead of applying for **trauma, STEMI, or**  
81 **stroke** center designation under subsection 1 or 2 of this  
82 section, a hospital may apply for **trauma, STEMI, or stroke**  
83 center designation under this subsection. Upon receipt of  
84 an application [from a hospital] on a form prescribed by the  
85 department, the department shall designate such hospital[:]

86 (1) A level I STEMI center if such hospital has been  
87 certified as a Joint Commission comprehensive cardiac center  
88 or another department-approved nationally recognized  
89 organization that provides comparable STEMI center  
90 accreditation; or

91 (2) A level II STEMI center if such hospital has been  
92 accredited as a Mission: Lifeline STEMI receiving center by  
93 the American Heart Association accreditation process or  
94 another department-approved nationally recognized  
95 organization that provides STEMI receiving center  
96 accreditation.

97 5. Instead of applying for stroke center designation  
98 pursuant to the provisions of subsection 2 of this section,  
99 a hospital may apply for stroke center designation pursuant  
100 to this subsection. Upon receipt of an application from a  
101 hospital on a form prescribed by the department, the  
102 department shall designate such hospital:

103 (1) A level I stroke center if such hospital has been  
104 certified as a comprehensive stroke center by the Joint  
105 Commission or any other certifying organization designated  
106 by the department when such certification is in accordance  
107 with the American Heart Association/American Stroke  
108 Association guidelines;

109 (2) A level II stroke center if such hospital has been  
110 certified as a primary stroke center by the Joint Commission  
111 or any other certifying organization designated by the  
112 department when such certification is in accordance with the  
113 American Heart Association/American Stroke Association  
114 guidelines; or

115 (3) A level III stroke center if such hospital has  
116 been certified as an acute stroke-ready hospital by the  
117 Joint Commission or any other certifying organization

118 designated by the department when such certification is in  
119 accordance with the American Heart Association/American  
120 Stroke Association guidelines] **at a state level that**  
121 **corresponds to a similar national designation, as set forth**  
122 **in rules promulgated by the department. The rules shall be**  
123 **based on standards of nationally-recognized organizations**  
124 **and the recommendations of the time-critical diagnosis**  
125 **advisory committee.**

126 (2) Except as provided by subsection [6] 5 of this  
127 section, the department shall not require compliance with  
128 any additional standards for establishing or renewing  
129 **trauma, STEMI, or** stroke designations. The designation  
130 shall continue if such hospital remains certified **or**  
131 **verified.** The department may remove a hospital's  
132 designation as a **trauma center, STEMI center, or** stroke  
133 center if the hospital requests removal of the designation  
134 or the department determines that the certificate  
135 [recognizing] **or verification that qualified** the hospital  
136 [as a stroke center] **for the designation under this**  
137 **subsection** has been suspended or revoked. Any decision made  
138 by the department to withdraw its designation of a [stroke]  
139 center pursuant to this subsection that is based on the  
140 revocation or suspension of a certification **or verification**  
141 by a certifying **or verifying** organization shall not be  
142 subject to judicial review. The department shall report to  
143 the certifying **or verifying** organization any complaint it  
144 receives related to the [stroke] center [certification of a  
145 stroke center] designated pursuant to this subsection. The  
146 department shall also advise the complainant which  
147 organization certified **or verified** the [stroke] center and  
148 provide the necessary contact information should the

149 complainant wish to pursue a complaint with the certifying  
150 **or verifying** organization.

151 [6.] 5. Any hospital receiving designation as a **trauma**  
152 **center, STEMI center, or** stroke center pursuant to  
153 subsection [5] 4 of this section shall:

154 (1) [Annually and] Within thirty days of any changes  
155 **or receipt of a certificate or verification**, submit to the  
156 department proof of [stroke] certification **or verification**  
157 and the names and contact information of the **center's**  
158 medical director and the program manager [of the stroke  
159 center];

160 (2) [Submit to the department a copy of the certifying  
161 organization's final stroke certification survey results  
162 within thirty days of receiving such results;

163 (3) Submit every four years an application on a form  
164 prescribed by the department for stroke center review and  
165 designation;

166 (4) Participate in the emergency medical services  
167 regional system of stroke care in its respective emergency  
168 medical services region as defined in rules promulgated by  
169 the department;

170 (5) Participate in local and regional emergency  
171 medical services systems [by reviewing and sharing outcome  
172 data and] **for purposes of** providing training [and], **sharing**  
173 clinical educational resources, **and collaborating on**  
174 **improving patient outcomes.**

175 Any hospital receiving designation as a level III stroke  
176 center pursuant to subsection [5] 4 of this section shall  
177 have a formal agreement with a level I or level II stroke  
178 center for physician consultative services for evaluation of

179 stroke patients for thrombolytic therapy and the care of the  
180 patient post-thrombolytic therapy.

181 [7.] 6. Hospitals designated as a **trauma center**, STEMI  
182 **center**, or stroke center by the department[, including those  
183 designated pursuant to subsection 5 of this section,] shall  
184 submit data [to meet the data submission requirements  
185 specified by rules promulgated by the department. Such  
186 submission of data may be done] by **one of** the following  
187 methods:

188 (1) Entering hospital data [directly] into a state  
189 registry [by direct data entry]; **or**

190 (2) [Downloading hospital data from a nationally  
191 recognized registry or data bank and importing the data  
192 files into a state registry; or

193 (3) Authorizing a nationally recognized registry or  
194 data bank to disclose or grant access to the department  
195 facility-specific data held by the] **Entering hospital data**  
196 **into a national** registry or data bank. A hospital  
197 submitting data pursuant to **this** subdivision [(2) or (3) of  
198 this subsection] shall not be required to collect and submit  
199 any additional **trauma**, STEMI, or stroke center data  
200 elements. **No hospital submitting data to a national data**  
201 **registry or data bank under this subdivision shall withhold**  
202 **authorization for the department to access such data through**  
203 **such national data registry or data bank. Nothing in this**  
204 **subdivision shall be construed as requiring duplicative data**  
205 **entry by a hospital that is otherwise complying with the**  
206 **provisions of this subsection. Failure of the department to**  
207 **obtain access to data submitted to a national data registry**  
208 **or data bank shall not be construed as noncompliance by a**  
209 **hospital under this subsection.**



210 [8.] 7. When collecting and analyzing data pursuant to  
211 the provisions of this section, the department shall comply  
212 with the following requirements:

213 (1) Names of any health care professionals, as defined  
214 in section 376.1350, shall not be subject to disclosure;

215 (2) The data shall not be disclosed in a manner that  
216 permits the identification of an individual patient or  
217 encounter;

218 (3) The data shall be used for the evaluation and  
219 improvement of hospital and emergency medical services'  
220 trauma, stroke, and STEMI care; **and**

221 (4) [The data collection system shall be capable of  
222 accepting file transfers of data entered into any national  
223 recognized trauma, stroke, or STEMI registry or data bank to  
224 fulfill trauma, stroke, or STEMI certification reporting  
225 requirements; and

226 (5) **Trauma**, STEMI, and stroke center data elements  
227 shall conform to [nationally recognized performance  
228 measures, such as the American Heart Association's Get With  
229 the Guidelines] **national registry or data bank data**  
230 **elements**, and include published detailed measure  
231 specifications, data coding instructions, and patient  
232 population inclusion and exclusion criteria to ensure data  
233 reliability and validity.

234 [9. The board of registration for the healing arts  
235 shall have sole authority to establish education  
236 requirements for physicians who practice in an emergency  
237 department of a facility designated as a trauma, STEMI, or  
238 stroke center by the department under this section. The  
239 department shall deem such education requirements  
240 promulgated by the board of registration for the healing

241 arts sufficient to meet the standards for designations under  
242 this section.

243 [10.] 8. The department shall not have authority to  
244 establish additional education requirements for emergency  
245 medicine board-certified or board-eligible physicians,  
246 either through the American Board of Emergency Medicine  
247 (ABEM) or American Osteopathic Board of Emergency Medicine  
248 (AOBEM), who are practicing in the emergency department of a  
249 facility designated as a trauma center, STEMI center, or  
250 stroke center by the department under this section. The  
251 department shall deem the education requirements promulgated  
252 by ABEM or AOBEM to meet the standards for designations  
253 under this section. Education requirements for non-ABEM or  
254 non-AOBEM certified physicians, nurses, and other providers  
255 who provide care at a facility designated as a trauma  
256 center, STEMI center, or stroke center by the department  
257 under this section shall equal, but not exceed, those  
258 established by national designating or verifying bodies of  
259 trauma centers, STEMI centers, or stroke centers.

260 9. The department of health and senior services may  
261 **only** establish appropriate fees to offset the costs of  
262 trauma, STEMI, and stroke center [reviews] **surveys**.

263 [11.] 10. No hospital shall hold itself out to the  
264 public as a STEMI center, stroke center, adult trauma  
265 center, pediatric trauma center, or an adult and pediatric  
266 trauma center unless it is designated as such by the  
267 department of health and senior services.

268 [12.] 11. Any person aggrieved by an action of the  
269 department of health and senior services affecting the  
270 trauma, STEMI, or stroke center designation pursuant to this  
271 chapter, including the revocation, the suspension, or the  
272 granting of, refusal to grant, or failure to renew a

273 designation, may seek a determination thereon by the  
274 administrative hearing commission under chapter 621. It  
275 shall not be a condition to such determination that the  
276 person aggrieved seek a reconsideration, a rehearing, or  
277 exhaust any other procedure within the department.

190.243. 1. Severely injured patients shall be  
2 transported to a trauma center. Patients who suffer a  
3 STEMI, as defined in section 190.100, shall be transported  
4 to a STEMI center. Patients who suffer a stroke, as defined  
5 in section 190.100, shall be transported to a stroke center.

6 2. A physician, **physician assistant**, or registered  
7 nurse authorized by a physician who has established verbal  
8 communication with ambulance personnel shall instruct the  
9 ambulance personnel to transport a severely ill or injured  
10 patient to the closest hospital or designated trauma, STEMI,  
11 or stroke center, as determined according to estimated  
12 transport time whether by ground ambulance or air ambulance,  
13 in accordance with transport protocol approved by the  
14 medical director and the department of health and senior  
15 services, even when the hospital is located outside of the  
16 ambulance service's primary service area. When initial  
17 transport from the scene of illness or injury to a trauma,  
18 STEMI, or stroke center would be prolonged, the STEMI,  
19 stroke, or severely injured patient may be transported to  
20 the nearest appropriate facility for stabilization prior to  
21 transport to a trauma, STEMI, or stroke center.

22 3. Transport of the STEMI, stroke, or severely injured  
23 patient shall be governed by principles of timely and  
24 medically appropriate care; consideration of reimbursement  
25 mechanisms shall not supersede those principles.

26 4. Patients who do not meet the criteria for direct  
27 transport to a trauma, STEMI, or stroke center shall be

28 transported to and cared for at the hospital of their choice  
29 so long as such ambulance service is not in violation of  
30 local protocols.

190.245. [The department shall require hospitals, as  
2 defined by chapter 197, designated as trauma, STEMI, or  
3 stroke centers to provide for a peer review system, approved  
4 by the department, for trauma, STEMI, and stroke cases,  
5 respective to their designations, under section 537.035.  
6 For purposes of sections 190.241 to 190.245, the department  
7 of health and senior services shall have the same powers and  
8 authority of a health care licensing board pursuant to  
9 subsection 6 of section 537.035.] Failure of a hospital to  
10 provide all medical records **and quality improvement**  
11 **documentation** necessary for the department to implement  
12 provisions of sections 190.241 to 190.245 shall result in  
13 the revocation of the hospital's designation as a trauma  
14 **center**, STEMI **center**, or stroke center. Any medical records  
15 obtained by the department [or peer review committees] shall  
16 be used only for purposes of implementing the provisions of  
17 sections 190.241 to 190.245 and the names of hospitals,  
18 physicians and patients shall not be released by the  
19 department or members of review [committees] **teams**.

190.257. 1. **There is hereby established the "Time-**  
2 **Critical Diagnosis Advisory Committee", to be designated by**  
3 **the director for the purpose of advising and making**  
4 **recommendations to the department on:**

- 5 (1) **Improvement of public and professional education**  
6 **related to time-critical diagnosis;**
- 7 (2) **Engagement in cooperative research endeavors;**
- 8 (3) **Development of standards, protocols, and policies**  
9 **related to time-critical diagnosis, including**  
10 **recommendations for state regulations; and**

11           (4) Evaluation of community and regional time-critical  
12 diagnosis plans, including recommendations for changes.

13           2. The members of the committees shall serve without  
14 compensation, except that the department shall budget for  
15 reasonable travel expenses and meeting expenses related to  
16 the functions of the committees.

17           3. The director shall appoint sixteen members to the  
18 committee from applications submitted for appointment, with  
19 the membership to be composed of the following:

20           (1) Six members, one from each EMS region, who are  
21 active participants providing emergency medical services,  
22 with at least:

23           (a) One member who is a physician serving as a  
24 regional EMS medical director;

25           (b) One member who serves on an air ambulance service;

26           (c) One member who resides in an urban area; and

27           (d) One member who resides in a rural area; and

28           (2) Ten members who represent hospitals, with at least:

29           (a) One member who is employed by a level I or level  
30 II trauma center;

31           (b) One member who is employed by a level I or level  
32 II STEMI center;

33           (c) One member who is employed by a level I or level  
34 II stroke center;

35           (d) One member who is employed by a rural or critical  
36 access hospital; and

37           (e) Three physicians, with one physician certified by  
38 the American Board of Emergency Medicine (ABEM) or American  
39 Osteopathic Board of Emergency Medicine (AOBEM) and two  
40 physicians employed in time-critical diagnosis specialties  
41 at a level I or level II trauma center, STEMI center, or  
42 stroke center.

43           4. In addition to the sixteen appointees, the state  
44 EMS medical director shall serve as an ex officio member of  
45 the committee.

46           5. The director shall make a reasonable effort to  
47 ensure that the members representing hospitals have  
48 geographical representation from each district of the state  
49 designated by a statewide nonprofit membership association  
50 of hospitals.

51           6. Members appointed by the director shall be  
52 appointed for three-year terms. Initial appointments shall  
53 include extended terms in order to establish a rotation to  
54 ensure that only approximately one-third of the appointees  
55 will have their term expire in any given year. An appointee  
56 wishing to continue in his or her role on the committee  
57 shall resubmit an application as required by this section.

58           7. The committee shall consult with the state advisory  
59 council on emergency medical services, as described in  
60 section 190.101, regarding issues involving emergency  
61 medical services.

✓